

COMBINED DECLARATION AND POWER OF ATTORNEY/ AUTHORIZATION OF AGENT	Attorney Docket Number	XPNT36NP
	First Named Inventor	Blauvelt
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
	Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ETCHED-FACET SEMICONDUCTOR OPTICAL COMPONENT WITH INTEGRATED
END-COUPLED WAVEGUIDE AND METHODS OF FABRICATION AND USE THEREOF

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto:

DECLARATION — Power of Attorney/Authorization of Agent

I/we hereby appoint practitioners at Customer Number

36394

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence for the above-identified application to the above-mentioned Customer Number.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.



NAME OF SOLE OR FIRST INVENTOR :☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) Henry A.**Family Name**
or Surname Blauvelt**Inventor's**
Signature**Date**San Marino
Residence: CityCA
StateUS
CountryUS
Citizenship**Mailing Address** Xponent Photonics Inc 425 East Huntington DriveMonrovia
CityCA
State91016
ZIPUS
Country**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor**Given Name**
(first and middle [if any]) David W.**Family Name**
or Surname Vernoooy**Inventor's**
Signature**Date**Sierra Madre
Residence: CityCA
StateUS
CountryCA
Citizenship**Mailing Address** Xponent Photonics Inc 425 East Huntington DriveMonrovia
CityCA
State91016
ZIPUS
Country☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) attached hereto.

**COMBINED DECLARATION AND POWER-OF-
ATTORNEY/AUTHORIZATION-OF-AGENT****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Joel S.		Family Name Paslaski	
Inventor's Signature <i>Joel S. Paslaski</i>		Date 1/8/04	
Alhambra Residence: City	CA State	US Country	US Citizenship
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Charles I.		Family Name Grosjean	
Inventor's Signature <i>[Signature]</i>		Date 1/8/04	
Pasadena Residence: City	CA State	US Country	US Citizenship
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Given Name Hao		Family Name Lee	
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**COMBINED DECLARATION AND POWER-OF-
ATTORNEY/AUTHORIZATION-OF-AGENT****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Franklin G.		Family Name or Surname Monzon	
Inventor's Signature 		Date 1-8-04	
Temple City Residence: City	CA State	US Country	US Citizenship
Xponent Photonics Inc 425 East Huntington Drive Mailing Address			
Mailing Address			
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature 		Date 12/31/2003	
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2969 Zion Lane Mailing Address			
Mailing Address			
City San Jose	CA State	95132 ZIP	US Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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